



# Carrier Request Form

<b>Vendor Name (dba)</b>			
<b>Federal ID # Or SSN (complete W9)</b>	FED ID#		
	SSN #		
<b>Vendor Address</b>	Street Address 1		
	Street Address 2		
	City		
	State and Zip		
<b>Remit To Address (if different than above)</b>	Street Address 1		
	Street Address 2		
	City		
	State and Zip		
<b>Terms Granted to Heritage</b>			
<b>Contact Name</b>			
<b>Phone and Fax</b>			
<b>Email</b>			
<b>Do you accept payment electronically?</b>	Yes	No	If yes, please fill out Authorization Agreement

\*Please return form to our Carrier Relations team at [Transports@heritageoil.com](mailto:Transports@heritageoil.com)\*  
If you have Questions call (812) 463-0915

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